

N180000011000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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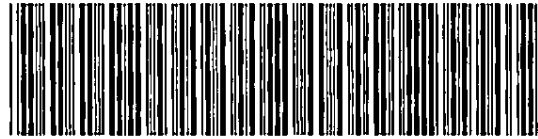
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/18--01036--014 **70.00

18 OCT 17 AM 01
DIVISION OF CORPORATIONS
SECRETARY OF STATE

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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: WEEKI WACHEE RIVER RESCUE TEAM, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Greg K. Myers ~ Myers Business Services, Inc.
Name (Printed or typed)

P.O. Box 10189
Address

Brooksville, FL 34603-0189
City, State & Zip

352-544-0024
Daytime Telephone number

MBSINC1979@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 OCT 17 AM 10:01

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: WEEKI WACHEE RIVER RESCUE TEAM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

6252 Commercial Way

c/o MBS, Inc.

Suite 123

P.O. Box 10189

Weeki Wachee, FL 34613-6329

Brooksville, FL 34603-0189

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _

The specific purpose of which the Corporation is organized is exclusively for religious, charitable, educational
and scientific purpose under Section 501(c)(3) of the Internal Revenue Code or corresponding section of any
future Federal Tax Code. To serve the needs of the community to preserve & protect our waterways, water
quality, safety, wildlife, natural beauty of our rivers and surrounding areas through education, stewardship,
Conversations, respond, respect, recovery and to encourage community involvement in the above.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _

By the members of the organization at an annual election.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roy Johnson, President

Name and Title: Debra Camero, Secretary & Treasurer

Address: 412 S. 1st Street

Address: 6045 Waverly Road

Lake Wales, FL 33853-4146

Weeki Wachee, FL 34607-1548

Name and Title: Susan Wildmon, V-President

Address: 5530 Ramada Street

Weeki Wachee, FL 34607-1529

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 OCT 17 AM 10 01

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Roy Johnson

Address: 412 South 1st Street

Lake Wales, FL 33853-4146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Greg K. Myers

Address: P.O. Box 10189

Brooksville, FL 34603-0189

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing:

(OPTIONAL)

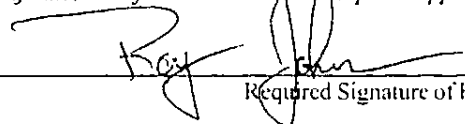
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE IX - DISSOLUTION:

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code or corresponding section of any future Federal Tax Code or shall be distributed to the Federal Government or to a State or Local Government for a public purpose.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

10-7-2018

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

10/7/2018

Date